## CITY OF SAINT PAUL GAMBLING LICENSE RENEWAL CHECK LIST

## Please attach all requested information in the order listed. All copies should be made before you arrive at the DSI License Office.

ambling Organization:Expiration Date:			
Gambling Manager	Phone		For DSI use ONLY
1) Copy of State Form LG200A, Organization Ap	plication	Yes()	
2) Copies of State Form LG200B, Officer's Affidavit (if changed)			
A) 1	President	Yes ()	
B) '	Treasurer	Yes ()	
3) Copy of Lease(s), State Form LG215			
Site#/Name		Yes ()	
Site#/Name		Yes ()	
Site#/Name	_	Yes ()	
Site#/Name		Yes ()	
Site#/Name		Yes ()	
New site(s) must be submitted on separate ad			
4) Copy of State Worksheet EC, Lawful Gambling	g Expense Cald	culation Yes ()	
Past 24 months			
5) Copy of State Worksheet by Site CS, Cash Sho <i>Past 24 months</i>	rtage Reimbur	sement Yes ()	
6) Copy of State Forms LG201, Internal Controls Control Guidelines Worksheet	and LG202, In	ternal Yes()	
7) Proof of compliance with City of Saint Paul's 5 requirements	1% and 75% s	pending Yes ()	